

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	✓					
5	✓					
6	✓					
7	✓					
8	✓					
9	✓					
10	1					
11	1					
12	1					
13	✓					
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TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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